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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 03-036

First Inventor or Application Identifier	SANMA et al.
Title	HOST INTERFACE, DEVICE INTERFACE, INTERFACE SYSTEM, AND COMPUTER PROGRAM PRODUCT

Express Mail Label No.

 039-1014464
SPTL08
08/27/03
APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 27] | 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) |
| -Descriptive title of the Invention | |
| -Cross Reference to Related Applications | |
| -Background of the Invention | |
| -Summary of the Invention | |
| -Brief Description of the Drawings | |
| -Detailed Description of the Preferred Embodiment | |
| -Claims | |
| -Abstract of the Disclosure | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] | 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration [Total Sheets 3] | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b)
Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed) | 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 11. <input type="checkbox"/> Preliminary Amendment |
| *NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28) | |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(should be specifically itemized)
*Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired | |
| 13. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) | |
| 14. <input type="checkbox"/> Other: | |
| 15. <input type="checkbox"/> Other: | |

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

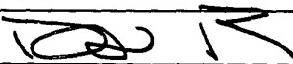
 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below
Name	23400 PATENT TRADEMARK OFFICE		
Address			
City	State	Zip Code	
Country	Telephone	(703) 707-9110	Fax (703) 707-9112

Name (Print/type)	David G. Posz	Registration No. (Attorney/Agent)	37,701
Signature		Date	August 27, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Arlington, VA 22202.

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 1042)

Complete if Known

Application Number	
Filing Date	August 27, 2003
First Named Inventor	SANMA et al.
Examiner Name	
Group/Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$ 1042)
Attorney Docket No.	03-036

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

50-1147

Deposit Account Name

POSZ & BETHARDS, PLC

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 750	2001 375	Utility filing fee	750
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ 750)

2. EXTRA CLAIM FEES

Extra Claims	Fee from Below	Fee Paid
Total Claims 9	-20**= 0	x 18 = 0
Independent Claims 6	- 3**= 3	x 84 = 252
Multiple Dependent		

**or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	**Reissue independent claims over original patent
1205 18	2205 9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 252)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 460	Extension for reply within third month	
1254 1450	2254 725	Extension for reply within fourth month	
1255 1970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Petitions related to provisional applications	
1806 180	1806 180	Submission of information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	40
1809 750	2809 375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
Other fee (specify)			

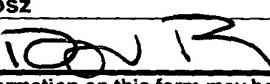
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 40)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	David G. Posz	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature				Date	August 27, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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